

NOMINATION FOR GUBERNATORIAL APPOINTMENT

(To be completed by nominating organization. PLEASE ATTACH RESUME AND LETTER)

Nomination for: _____
Name of Board

Nominated by: _____
Nominating Organization

Position: _____
As a Member, i.e. Area/Region/District/Industry Representative

Name: _____
First Middle Last

Home Address: _____
Street City State ZIP

Telephone – Home: (____) _____ Work: (____) _____ Fax: (____) _____

Mobile: (____) _____ Email (please print): _____

Present Employment Position: _____

Name of Employer/Firm: _____

Type of Business: _____

Business Address: _____
Street City State ZIP

Member of Nominating Organization? ____ YES ____ NO

If “YES”, what position in the organization? _____

Education: _____ Social Security Number: _____ - _____ - _____

The following information is optional

Sex (M/F)	Date of Birth	Place of Birth

Ethnic Group	American Indian	Asian	Black	Hispanic	Other	White

Describe the experience, interests and other background information about this nominee that would qualify this person to serve on the Board. Attach additional sheets, if necessary, to support his/her qualifications.
